







STUDENT ASSESSMENTS FOR  
TEACHER AND PRINCIPAL EVALUATION...

FORM 4

APPLICANT CERTIFICATE

LEARNING OBJECTIVES

Please read each of the technical criteria of the

PLEASE SUBMIT ONE FORM FOR EACH APPLICANT. DO NOT SUBMIT SEPARATE FORMS.

The Applicant makes the following assurance:

Assurance	Check each box:
The assessment is rigorous, meaningful, and aligned to New York State learning standards, or, in instances of subject grade level alignment to research-based learning standards.	<input type="checkbox"/>
To the extent practicable, the assessment must be valid and reliable as defined by the Standards for Educational and Assessment Practices.	<input type="checkbox"/>
The assessment will be used to measure one year's expected student learning.	<input checked="" type="checkbox"/>
For K-2 assessments, the assessment is not a "Traditional Standardized Assessment" as defined in Section 3020.1 of this RFQ.	<input checked="" type="checkbox"/>
For all assessments, evidence of differentiated student performance in the assessment has not produced differentiated results in prior school years, the assessment is not differentiated by equivalently consistent student results based on a differentiated assessment.	<input type="checkbox"/>
For assessments that are differentiated, the applicant will plan for collection of evidence of differentiated student results such that the evidence will be available by the end of each school year.	<input checked="" type="checkbox"/>
At the end of each school year, the applicant will collect evidence demonstrating that the assessment has produced differentiated results to the Department upon request. <sup>4</sup>	<input checked="" type="checkbox"/>

<sup>4</sup> Please note, pursuant to Section 2.3 of this RFQ, an assessment may be removed from the approved list if such assessment does not comply with one or more of the criteria for approval set forth in this RFQ.

To be completed by the Copyright Owner/Assessment being proposed and, where necessary, the LEA:

1. Name of Organization (PLEASE PRINT/TYPE)	4. Signature of Authorized Representative (PLEASE USE BLUE INK)
2. Name of Authorized Representative (PLEASE PRINT/TYPE)	5. Date Signed
3. Title of School Representative (PLEASE PRINT/TYPE)	

Locust Valley Central School District 1. Name of LEA	 (PLEASE USE BLUE INK)
Anna H. Henderson 2. School Representative (PLEASE PRINT/TYPE)	
Superintendent of Schools 3. Title of School Representative (PLEASE PRINT/TYPE)	